DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

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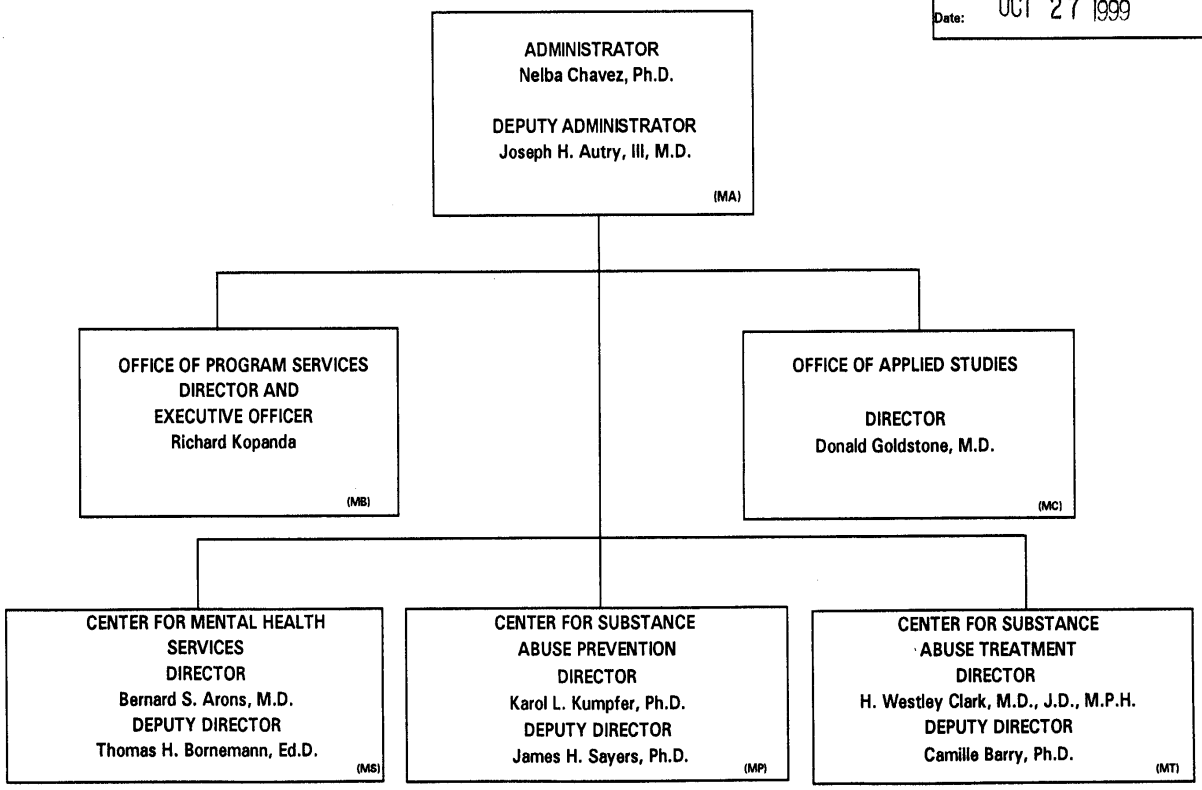
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Approved:
Date: OCT 27 1999



Substance Abuse and Mental Health Services Administration

Appropriation Language

For carrying out titles V and XIX of the Public Health Service Act with respect to substance abuse and mental health services, the Protection and Advocacy for Mentally Ill Individuals Act of 1986, and section 301 of the Public Health Service Act with respect to program management, [$2,654,953,000] $2,823,016,000: Provided, That in addition to amounts provided herein, $12,000,000 shall be available from amounts available under section 241 of the Public Health Service Act, to carry out the National Household Survey on Drug Abuse. *(Department of Health and Human Services Appropriation Act, 2000, as enacted by section1000(a)(4) of the Consolidated Appropriations Act,2000 (P.L. 106-113).)*

Substance Abuse and Mental Health Services Administration

Amounts Available for Obligation

	FY 1999 Actual	FY 2000 Appropriation	FY 2001 Estimate
Appropriation:			
Labor/HHS-Annual	$2,488,005,000	$2,654,953,000	$2,823,016,000
Subtotal, adjusted budget authority	2,488,005,000	2,654,953,000	2,823,016,000
Reduction pursuant to P.L. 106-113	---	(3,085,000)	---
Transferred to Other Accounts	(792,000)	---	---
Rescission P.L. 105-277	(426,000)	---	---
Unobligated balance expiring	(559,856)	---	---
Offsetting Collections from:			
Federal Sources	33,263,040	40,000,000	40,000,000
Total obligations	$2,519,490,184	$2,691,868,000	$2,863,016,000

Substance Abuse and Mental Health Services Administration
Summary of Changes

2001 Estimate	$2,823,016,000
2000 Current Estimate	-2,651,868,000
Net Change	+$171,148,000

	FY 2000 Current Estimate		Change from Base	
	FTE	Budget Authority	FTE	Budget Authority
Increases:				
A. Built-in:				
1. Annualization of 2000 pay costs	--	$51,683,000	--	+$638,000
2. Within grade pay increases	--	51,683,000	--	+930,000
3. Increase for January 2001 pay raise at 3.7%	--	51,683,000	--	+1,512,000
4. Increased rental payments to GSA	--	4,135,000	--	+315,000
5. Increase in overhead charges	--	59,054,000		+707,000
Subtotal, Built-in Increases	--	---	--	+4,102,000
B. Program:				
1. Targeted Capacity Expansion	--	194,590,000	--	+83,778,000
2. Children's Mental Health Services Program	--	82,763,000	--	+4,000,000
3. Protection and Advocacy Program	--	24,903,000	--	+1,000,000
4. PATH Homeless Formula Grants	--	30,883,000	--	+5,000,000
5. Mental Health:				
a. Mental Health Block Grant	--	356,000,000	--	+60,000,000
6. Substance Abuse:				
a. Substance Abuse Block Grant	--	1,600,000,000	--	+31,000,000
7. Program Management	--	59,054,000	--	+889,000
Subtotal, Program Increases	--	---	--	+185,667,000
Total Increases	--	---	--	+189,769,000
Decreases:				
A. Program:				
1. Knowledge Development and Application:				
a. Substance Abuse Prevention -- program reduction	--	59,541,000	--	-9,519,000
b. Substance Abuse Treatment -- program reduction	--	100,259,000	--	-5,000,000
B. Program Management:				
1. One day less pay	--	51,683,000	--	-199,000
2. Decrease due to absorption of built-in mandatory increases	--	59,054,000	--	-3,903,000
Subtotal, Program Decreases	--	---	--	-18,621,000
Total Decreases	--	---	--	-18,621,000
Net Change	--	---	--	+$171,148,000

Substance Abuse and Mental Health Services Administration

Budget Authority by Activity

(Dollars in thousands)

Program/Activity	FY 1999 Actual	FY 2000 Pre-rescission Appropriation	FY 2000 Final Appropriation	FY 2001 Estimate	Increase or Decrease
Knowledge Development and Application	**$289,307**	**$299,263**	**$296,675**	**$282,156**	**-$14,519**
Mental Health (Non-add)	*(96,419)*	*(138,982)*	*(136,875)*	*(136,875)*	*(---)*
Substance Abuse Prevention (Non-add)	*(77,591)*	*(60,022)*	*(59,541)*	*(50,022)*	*(-9,519)*
Substance Abuse Treatment (Non-add)	*(115,297)*	*(100,259)*	*(100,259)*	*(95,259)*	*(-5,000)*
Targeted Capacity Expansion	**133,307**	**194,590**	**194,590**	**278,368**	**+83,778**
Mental Health (Non-add)	---	---	---	*(30,000)*	*(+30,000)*
Substance Abuse Prevention (Non-add)	*(78,218)*	*(80,283)*	*(80,283)*	*(85,207)*	*(+4,924)*
Substance Abuse Treatment (Non-add)	*(55,089)*	*(114,307)*	*(114,307)*	*(163,161)*	*(+48,854)*
High Risk Youth	**6,991**	**7,000**	**7,000**	**7,000**	**---**
Children's Mental Health Services	**77,909**	**83,000**	**82,763**	**86,763**	**+4,000**
Protection & Advocacy	**22,949**	**25,000**	**24,903**	**25,903**	**+1,000**
PATH Homeless Formula Grants	**25,991**	**31,000**	**30,883**	**35,883**	**+5,000**
Mental Health Block Grant	**288,816**	**356,000**	**356,000**	**416,000**	**+60,000**
Substance Abuse Block Grant	**1,585,000**	**1,600,000**	**1,600,000**	**1,631,000**	**+31,000**
Program Management	**56,517**	**59,100**	**59,054**	**59,943**	**+889**
(FTE's -- Non add)	**(561)**	**(614)**	**(614)**	**(614)**	**(---)**
TOTAL, SAMHSA	**$2,486,787**	**$2,654,953**	**$2,651,868**	**$2,823,016**	**+$171,148**
National Data Collection (1% Evaluation funds)	---	---	---	**12,000**	**+12,000**
TOTAL, SAMHSA Program Level	**$2,486,787**	**$2,654,953**	**$2,651,868**	**$2,835,016**	**+$183,148**

FY 2001 BUDGET SUBMISSION
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
OBJECT CLASSIFICATION
(Dollars in Thousands)

Object Class	FY 2000 Final Appropriation	FY 2001 Estimate	FY 2001 +/- FY 2000
Direct Obligations			
Personnel Compensation:			
Full Time Permanent (11.1)	$39,909	$42,184	+$2,275
Other than Full-Time Permanent (11.3)	1,384	1,468	+84
Other Personnel Compensation (11.5)	1,200	1,266	+66
Subtotal, Personnel Compensation	**42,493**	**44,918**	**+2,425**
Civilian Personnel Benefits (12.1)	9,190	9,711	+521
Subtotal, Pay Costs	**51,683**	**54,629**	**+2,946**
Travel (21.0)	1,700	1,800	+100
Transportation of Things (22.0)	100	102	+2
Rentals to GSA (23.1)	4,135	4,450	+315
Rental Payments to Others (23.2)	12	13	+1
Communications, Utilities and Misc. Charges (23.3)	1,888	1,954	+66
Printing and Reproduction (24.0)	3,767	3,899	+132
Consulting Services (25.1)	10,922	12,122	+1,200
Other Services (25.2)	175,615	182,008	+6,393
Purchase from Gov't Accounts (25.3)	48,913	51,363	+2,450
Other Contractual Services (25.0)	235,450	245,493	+10,043
Supplies and Materials (26.0)	312	322	+10
Equipment (31.0)	1,749	1,776	+27
Grants, Subsidies, and Contributions (41.0)	2,349,098	2,506,530	+157,432
Insurance Claims & Indemnities	1,974	2,048	+74
Subtotal Non-Pay Costs	**2,600,185**	**2,768,387**	**+168,202**
Total Direct Obligations	**$2,651,868**	**$2,823,016**	**+171,148**

FY 2001 BUDGET SUBMISSION
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
SALARIES AND EXPENSES
(Dollars in Thousands)

Object Class	FY 2000 Final Appropriation	FY 2001 Estimate	FY 2001 +/- FY 2000
Personnel Compensation:			
Full Time Permanent (11.1).....	$39,909	$42,184	+$2,275
Other than Full-Time Permanent (11.3).....	1,384	1,468	+84
Other Personnel Compensation (11.5).....	1,200	1,266	+66
Subtotal, Personnel Compensation	**42,493**	**44,918**	**+2,425**
Civilian Personnel Benefits (12.1).....	9,190	9,711	+521
Subtotal, Pay Costs	**51,683**	**54,629**	**+2,946**
Travel (21.0).....	1,700	1,800	+100
Transportation of Things (22.0).....	100	102	+2
Rental Payments to Others (23.2).....	12	13	+1
Communications, Utilities and Misc. Charges (23.3).....	1,888	1,954	+66
Printing and Reproduction (24.0).....	3,767	3,899	+132
Other Contractual Services:			
Consulting Services (25.1).....	10,922	12,122	+1,200
Other Services (25.2).....	97,071	111,166	+14,095
Purchases from Gov't Accounts (25.3).....	48,913	51,363	+2,450
Subtotal, Other Contractual Services (25.0)	**156,906**	**174,651**	**+17,745**
Supplies and Materials (26.0).....	312	322	+10
Subtotal Non-Pay Costs	**164,685**	**182,741**	**+18,056**
Total Salaries and Expenses	**$216,368**	**$237,370**	**+21,002**

Significant Items for House, Senate, and Conference Appropriations Committee Reports

2000 House Report No. 106-370

Item: Minority Fellowship Program -- The Committee recognizes the role that the Minority Fellowship program plays in training mental health professionals to provide services to individuals who would otherwise go untreated and urges SAMHSA to enhance its efforts in this program through its three Centers. (Page 118)

Action Taken or to be Taken

SAMHSA plans to continue support for the Minority Fellowship Program at the same level as FY 1999.

Item: Substance abuse treatment outreach -- The Committee encourages SAMHSA to develop and strengthen substance abuse treatment and prevention programs for Native Americans, Asian Americans, Native Hawaiians, and other Pacific Islanders to include an HIV component. Programs should also be strengthened through the development of increased linkages between HIV/AIDS programs and Native Americans, Asian Americans, Native Hawaiians, and other Pacific Islander substance abuse treatment programs. (Page 121)

Action Taken or to be Taken

In FY 1999, 33% of the Targeted Capacity Expansion grants were awarded to Native Americans and Native Alaskan sites and one Targeted Capacity Expansion HIV grant was awarded to identify Native Hawaiian women who are abusing alcohol and other drugs and are at risk of HIV/AIDS. It is expected that all of these programs will be continued in FY 2000. In addition, CSAT would expect to award another approximately $5 million in new grants to programs serving these populations.

Other activities occurring in the Pacific Basin include a Pacific Island Epidemiological and Psychological Research and Training Project to establish a research and teaching infrastructure for studies of epidemiology, health surveillance and cultural contexts related to alcohol consumption, substance abuse and co-morbid disorders in Pacific Island jurisdictions. The infrastructure will consist of Collaborative Workgroups directed by indigenous/local personnel. There is also a Pacific Island Medical Officer Training Project to train medical personnel in the early recognition of substance abuse/mental health problems and to facilitate effective linkages between health, substance abuse and mental health professionals.

CSAT is sponsoring a conference of leading Asian American and other researchers designed to discuss, identify and publish best treatment practices for Asian Americans via a Technical Assistance Publication (TAP).

Item: Treatment outreach -- The Committee urges SAMHSA to enhance funding in all programs for

cultural competency education and training of health care providers and culturally and linguistically appropriate outreach and services to local minority communities, including Asian American communities. (Page 121)

Action Taken or to be Taken

The Addiction Technology Transfer Centers (ATTCs) offer an education series on cultural competency. The courses introduce current theories and practices in multi cultural counseling to mental health and addiction treatment/prevention practitioners. CSAT also has produced publications on the issue of cultural competence. The most recent, *Cultural Issues in Substance Abuse Treatment*, was published in 1999. Several of the Treatment Improvement Protocols (TIPs) address the issue as well. These include, *Treatment for HIV-Infected Alcohol and Other Drug Abusers* (TIP 15), *Combining Alcohol and Other Drug Abuse Treatment with Diversion for Juveniles in the Justice System* (TIP 21), and *Substance Abuse Treatment and Domestic Violence* (TIP 25).

Other efforts include a collaboration with the Office of Minority Health, the National Institute on Drug Abuse, the Health Resources and Services Administration and the Interamerican College of Physicians and Surgeons to train clinicians and health care workers serving predominantly Spanish-language clients.

Cultural competence is also an important criterion in the award of new grants. Factors that are considered include involvement with the target population, training and staffing in gender/age/cultural competence, language, materials, and community representation. There should be objective evidence that the grant applicant organization understands the cultural aspects of the community that will contribute to the program's success.

Item: Treatment outreach -- The Committee encourages SAMHSA to study and develop public health interventions related to improving the health and health care of underserved, impoverished, and high-risk children, teens, adults, and the elderly living in public housing. These interventions should focus on education for health promotion and identification of illness at early stages, specialized mental health and substance abuse services, and enhance the mental health and substance abuse assessment and treatment practices of community health care and social service providers. (Pages 121).

Action Taken or to be Taken

The Knowledge Development and Application program is designed to support development and testing of new and innovative treatment approaches and to disseminate information on those systems shown to be most effective, promoting the adoption of best practices. Projects funded under the KDA program as well as Targeted Capacity Expansion do support substance abuse treatment services for the underserved, high-risk children, youth and adults, some of whom are living in public housing.

The Addiction Technology Transfer Centers and other training efforts funded by CSAT support education efforts for health care, social service providers, treatment providers and a variety of other related service providers in the early identification, assessment and treatment of alcohol and drug addiction.

Item: HIV/AIDS funding -- The Committee is concerned with the growing number of HIV/AIDS reported cases in the Hispanic community, the African-American community, the Native-American community and other affected ethnic and minority populations. To address this growing epidemic, the Committee urges SAMHSA to provide funding for initiatives to address the needs of these communities. (Pages 121-122).

Action Taken or to be Taken

In FY 2000, CSAT plans to continue the first round of Targeted Capacity Expansion HIV grants that were awarded in 1999. This initiative funds HIV/AIDS projects which target African American, Hispanic and other ethnic/racial minority communities. In addition to those 35 continuation awards, CSAT plans to fund a new round of TCE HIV grants, approximately 40-45 new awards. CSAT also expects to continue the AIDS Outreach program which focuses primarily on adolescent African American and Hispanic females.

Item: HIV/AIDS funding -- The Committee encourages Federal HIV/AIDS services and prevention funds be responsive to the demographic trends of the epidemic. (Page 122).

Action Taken or to be Taken

In FY 1999, CSAP initiated a major Substance Abuse and HIV/AIDS Prevention for Youth and Women of Color Initiative to focus on providing HIV prevention and substance abuse prevention services to African American and Hispanic youth and women, and other women of color. CSAP will continue these efforts in FY 2000 and beyond as funds are available. The CSAP program represents a comprehensive effort to fund community-based organizations, Historical Black Colleges and Universities, Hispanic Colleges and Universities, Faith communities, and other coalitions and/or partnerships for the purpose of strengthening the integration of HIV prevention and substance abuse prevention services at the local level. This initiative also works with CSAP's Centers for the Application of Prevention Technology (CAPTs) to enable them to integrate HIV prevention into their substance abuse prevention materials and curricula and to help build capacity within the CAPTs to provide training and technical assistance to community based organizations and other service providers in the hardest hit communities. Additionally, the HIV/AIDS initiative will partner with national organizations in several key areas including accessing and retaining minority youth and women in prevention programs and ensuring the applicability and feasibility of proposed community programs.

In FY 2000, CSAT plans to continue the first round of Targeted Capacity Expansion HIV grants that were awarded in 1999. This initiative funds HIV/AIDS projects which target African American, Hispanic and other ethnic/racial minority communities. In addition to those 35 continuation awards, CSAT plans to fund a new round of TCE HIV grants, approximately 40-45 new awards. Special emphasis is given to women, women and their children, adolescents, men who inject drugs and men who have sex with men and inject drugs. This program seeks to address gaps in treatment capacity, as well as increase accessibility and availability of substance abuse treatment and HIV/AIDS services to affected racial and ethnic communities.

Target communities are located in Metropolitan Statistical Areas or States with an annual AIDS case rate of 20/100,000 or 10/100,000. Funding is available for three years.

Significant Items for House, Senate, and Conference Appropriations Committee Reports

2000 Senate Report No. 106-166

Item: Substance abuse in rural and native communities -- The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and native Hawaiians communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds to fund projects to increase knowledge about effective ways to deliver services to rural and native communities. Within the funds reserved for rural programs, the Committee intends that $8,000,000 be reserved for CSAP grants, and $12,000,000 be reserved for CSAT grants. (Page 184).

Action Taken or to be Taken

CSAP has earmarked $8 million in funds to support substance abuse prevention in rural and native communities. At least $3 million will continue current efforts while $5 million will support new awards targeted to rural and native communities most in need.

In FY 1999, CSAT awarded approximately $3.9 million in Knowledge Development and Application funding and $11.3 million in Targeted Capacity Expansion funding projects targeting rural populations, Native Americans and Alaskans. It is expected that all of these programs will be continued in FY 2000. CSAT expects to provide an additional $9 million in funding for programs serving these populations.

Item: Fetal Alcohol Syndrome (FAS) prevention -- Last year, the Fetal Alcohol Syndrome Prevention and Services Act was enacted, authorizing a competitive grant program to develop urgently needed prevention and education strategies to reduce the number of children affected by Fetal Alcohol Syndrome [FAS]. These grants are also to be used to develop treatment strategies to assist parents and families as they cope with the impacts of FAS. The Committee urges the Department to fund grants in CSAP and CSAT to address FAS and its effects. The Committee further believes that these funds should be targeted to areas that demonstrate significant need and have a high incidence or risk of alcohol-related birth defects. (Page 184)

Action Taken or to be Taken

CSAP is working with a regional consortium of South Dakota, North Dakota, Minnesota, and Montana to develop a comprehensive prevention program to lower the incidence of FAS in these states which have demonstrated high need. CSAP plans to award approximately $2.76 million in FY 2000 for this purpose.

Item: Mental health services for school children -- The Committee has included additional funds to continue and expand mental health services for schoolchildren that are at risk of exhibiting violent behavior.

Last year, after the tragic shootings at a number of schools across the nation, the Congress provided funds to begin to address the problem of youth violence. Among other things, the Committee believes that mental health counseling for troubled youth can help prevent violent acts, and is therefore providing additional funds to help schools in that cause. It is again expected that SAMHSA will collaborate with the Department of Education to continue a coordinated approach. (Page 185)

Action Taken or to be Taken

CMHS will continue and expand its program, in collaboration with the Department of Education, to support the delivery and improvement of mental health services in our nation's schools. This coordinated approach is enabling school districts to implement a wide range of early childhood development, early intervention and prevention, and mental health treatment services to assist in preventing violence among children.

Item: Technical assistance for use in training programs -- The Committee is pleased with the successful collaboration between the Center for Mental Health Services and the Bureau of Health Professions in HRSA to fund interdisciplinary health professions training projects, including training of behavioral and mental health professionals, for practice in managed care/primary care settings and urges that this joint effort be continued. The Committee encourages both agencies to develop technical assistance for use in health professions training programs for the purpose of enhancing primary care interdisciplinary models of practice. These efforts should be focused upon rural native populations that are at-risk for the problems most encountered by these health professionals. (Pages 185-186)

Action Taken or to be Taken

CMHS is collaborating with HRSA to continue an initiative on multi-disciplinary training of mental health professionals in primary care settings. CMHS also continues to support the Minority Fellowship Program which facilitates the entry of ethnic minority students into mental health careers and increases the number of psychiatrists, psychologists, social workers and nurses trained to teach, administer and provide direct mental health and substance abuse services to ethnic minority groups. With a program focused on underserved minority populations of Native Americans, Asian Pacific Americans, African Americans, and Hispanic Americans, the Minority Fellowship Program (MFP) encourages training to meet personnel shortages in rural and urban minority communities.

Item: Expansion of Knowledge Development and Application program --. . . The Committee supports extending the Knowledge Development and Application Program to all 50 states, territories, and tribal communities. The Committee encourages the development of partnerships with local communities to further expand this program. (Page 186)

Action Taken or to be Taken

The CMHS Knowledge Development and Application Program has awarded grants in all 50 States and more than 20 tribes. Last year, the first grant to a territory was awarded. This program has expanded the development of partnerships with local communities through programs such the Youth Violence Prevention,

Community Action and Consumer and Family Network programs. KDA are also extended to all state and territories through the PATH technical assistance program. Today, more than 225 grants are in place throughout the Nation that extend KDA results to people who need improved mental health services. CMHS continues to provide technical assistance to states, territories and tribal communities and encourages them to submit grant applications for our programs.

Item: Gambling -- The Committee recently heard testimony about the tragic results of addictive and pathological gambling. Gambling has destroyed the lives of many American families. A recent report by the National Gambling Impact Study Commission found that 15.4 million Americans are either pathological or problem gamblers. Problem gambling burdens not only the addicted individual and his or her family, but society as well. Costs incurred can include unemployment benefits caused by the loss of a job, physical and mental health problems, domestic violence, and child abuse and neglect. The Committee urges CMHS to conduct demonstration projects to determine effective strategies and best practices for preventing and treating addictive gambling. (Page 186)

Action Taken or to be Taken

CMHS is planning a series of activities to examine effective strategies to address pathological gambling with a focus on the analysis of the prevalence and identification of such problems, the effectiveness of prevention and treatment strategies, and the implications for public education, policy making, and professional training.

Item: Self-sufficiency for sufferers of mental illness -- The Committee recognizes the extraordinary obstacles facing individuals with mental illness and co-occurring psychiatric disorders towards achieving economic self-sufficiency. The Committee is aware of the Community Advocacy Training Services in providing training and technical assistance to persons with such disorders. The Committee believes that the Department should consider funding demonstrations that endeavor to help individuals with mental illnesses lead rewarding and productive lives. (Page 186)

Action Taken or to be Taken

CMHS has undertaken a number of efforts to promote the self-sufficiency of persons with mental illness. This includes the Employment Intervention Demonstration Program to determine effective approaches for such persons to attain and maintain meaningful employment as well as the Consumer Operated Services Program to examine how such efforts can be successful. In addition, CMHS provides support for technical assistance to assist persons with mental illness to develop self-help approaches to improve the quality of their lives.

Item: AIDS demonstration projects -- . . . The Committee commends the -- Center for Mental Health Services for its commitment in disseminating knowledge gained from these demonstration projects. The Committee urges the center to maintain its support for projects that provide direct mental health services while at the same time using the findings from previous projects to develop new knowledge in this area. The Committee again commends CMHS for its leadership in working cooperatively in demonstrating the efficacy of delivering mental health services to individuals affected by and living with HIV/AIDS. The

Committee encourages the Secretary to maintain these agencies' support for this program. (Page 187).

Action Taken or to be Taken

CMHS plans to continue funding in collaboration with HRSA, NIAAA, NIDA, NIMH and CSAT for the HIV/AIDS Outcome Cost Study begun in FY 1998. This program is based on the findings of the AIDS Demonstration program. The program studies treatment adherence, health outcomes, and associated costs in providing mental health services, substance abuse services, and primary health care services for people living with HIV/AIDS.

Item: Protection and advocacy -- The Committee has learned that patients with mental illnesses have died or received life-threatening injuries in treatment facilities because of improper restraints and seclusion. The Committee has provided additional resources for protection and advocacy so that these deaths can be investigated and future incidences can be prevented. (Page 188).

Action Taken or to be Taken

CMHS continues to administer the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program which supports agencies in all States and territories to investigate allegations of abuse and neglect - including deaths due to improper use of restraints and seclusion - in residential facilities which provide mental health services. Additional resources will assist these agencies to expand their current activities.

Item: Substance abuse treatment services -- The Committee reiterates its concern about the disproportionate impact of substance abuse in rural and native communities, and has included $12,000,000 for native and rural CSAT programs. The Committee again raises concern about the severe shortage of substance abuse treatment services in the State of Alaska for Native Alaskans, the pressing need to continue support of Alaska programs, and the need to develop knowledge about effective techniques for treating substance abuse in native populations. The Committee, therefore, expects that the increase provided will be reasonably allocated between existing programs and initiating new programs, especially in Alaska. (Page 189).

Action Taken or to be Taken

In FY 1999, CSAT awarded approximately $3.9 million in Knowledge Development and Application funding and $11.3 million in Targeted Capacity Expansion funding projects targeting rural populations, Native Americans and Alaskans. It is expected that all of these programs will be continued in FY 2000. CSAT expects to provide an additional $9 million in funding for programs serving these populations, with approximately one-third of the new funding going to programs in Alaska.

Item: Methamphetamine abuse in Iowa -- The Committee understands that methamphetamine abuse continues to be a major problem in many areas of the country, in particular, the South and the Midwest. The State of Iowa is experiencing a particularly high incidence of methamphetamine abuse. The Committee believes that additional funds could expand the number of prevention and treatment demonstration projects

in Iowa and other parts of the Midwest. School-based prevention demonstration projects would teach the dangers of methamphetamine abuse and addiction, using methods that are effective and evidence-based and include initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools. Treatment demonstrations would carry out planning, establishing, or administering evidence-based methamphetamine treatment programs that are designed to assist individuals to quit their use of methamphetamine and remain drug-free. (Page 190)

Action Taken or to be Taken

In FY 1999, CSAT funded a Statewide methamphetamine treatment initiative headed by the Single State Agency for Alcohol and Drug Abuse. This initiative was funded as part of the Targeted Capacity Expansion initiative. CSAT expects to continue this project in FY 2000 and encourages applications from the State of Iowa and other areas in the Midwest for funding under the FY 2000 Targeted Capacity Expansion announcement.

CSAT is also coordinating with the Office of Justice Programs (OJP), Department of Justice, to identify Targeted Capacity Expansion and other CSAT grants in areas in which OJP is seeking to establish methamphetamine treatment programming.

Item: Substance abuse by the homeless -- The Committee remains concerned that substance abuse among the nation's homeless population remains a serious problem that receives limited attention. Existing addiction services are not adequately reaching the homeless population and are not adequately addressing their unique needs and life circumstances. Of the funds provided, the Committee encourages the Department to support the development and expansion of addiction services targeted to the homeless. (Page 190).

Action Taken or to be Taken

CSAT is currently co-funding a Homelessness Prevention Program with CMHS that addresses the issue of substance abuse and mental health disorders among homeless populations. In FY 2000, CSAT will be announcing a new Exemplary Treatment Models initiative targeted to co-occurring populations and expects that some of the funds available will go to programs which serve homeless populations in need of substance abuse treatment services. The Targeted Capacity Expansion Program includes the homeless as a population of concern and encourages applications which provide services for this population.

Item: Heroin addiction -- The Committee is concerned about the devastating effects of heroin use on individuals and their families. For decades, methadone has been the primary method of treating heroin addiction. The Committee has heard reports that expanding the availability of methadone would help additional heroin addicts receive treatment. The Committee is aware of a proposed rule to revise the conditions for the use of narcotic drugs in maintenance and detoxification treatment of opioid addiction. Comprehensive monitoring of the implementation of this regulation in conjunction with a study by the Secretary evaluating the possibility and effects of expanding the use of methadone would be valuable to the Committee. (Page 191)

Action Taken or to be Taken

CSAT supports the need to expand pharmacotherapy treatment for the opiate addicted population and would support a feasibility study to examine in depth the barriers to expanding treatment capacity as well as the potential effects. Such a study was not anticipated in our planning process for FY 2000 and FY 2001, but CSAT will examine existing resources to determine whether conducting such a study is possible.

Item: Mexican black tar heroin abuse -- The Committee understands that Mexican black tar heroin abuse has become a major problem in many areas of the country, in particular, Southwestern border states and major metropolitan areas in the West. The State of New Mexico has experienced an extremely high incidence of Mexican black tar heroin abuse in Rio Aerobe and Santa Fe counties. The Committee believes that funding for a demonstration project in Rio Aerobe and Santa Fe counties would yield valuable information concerning how to treat this deadly addiction. The Committee believes that a demonstration project to determine ways to prevent this addiction would also yield valuable benefits. (Pages 191-192)

Action Taken or to be Taken

CSAP staff have begun preparations for a demonstration project in Rio Aerobe and Santa Fe counties to prevent the use of Mexican black tar heroin.

Item: Substance abuse among high risk youth -- . . ..The Committee is highly concerned about the extent of substance abuse among high risk youth. This population is vulnerable to initiating criminal activity against people and property, especially following the acute and chronic use of illicit substances and the abuse of alcohol. These grants are intended to strengthen local capabilities in confronting the complex interrelationships between substance and alcohol abuse and other activities that may predispose young individuals toward criminal, self-destructive, or antisocial behavior. (Page 192).

Action Taken or to be Taken

CSAP's Project Youth Connect is targeted toward high-risk youth, in particular, those youth who are at high risk for becoming substance abusers and/or involved in the criminal justice system. The program is designed to prevent or reduce substance abuse or delay its onset in youth (9- to 15-years old) by improving: school bonding and academic performance; family functioning and overall life management skills.

In FY 2001 CSAP will continue support of Project Youth Connect mentoring/advocacy models that focus on youth ages 9 - 15 and their families with particular emphasis on the after school hours. Research conducted by the Federal Bureau of Investigation reveals that the critical time period when youth are most susceptible to engaging in delinquent behavior peaks between the hours of 3 and 7 p.m. It is anticipated that this intervention will be effective in reducing substance abuse and related violence as well as improving community attitudes about youth and enhancing the system of support available

Item: Drug abuse prevention -- The Committee believes that prevention programs need to start when

children are young, and need to continue to help children make successful transitions. The Committee has included sufficient funds for evaluations of established school-based early prevention and transition programs and continues to be supportive of the efforts of the Corporate Alliance for Drug Education [CADE] which has been operating a program providing education and prevention services to 120,000 elementary school-aged children in Philadelphia. (Page 192).

Action Taken or to be Taken

CSAP plans to continue to support to the Corporate Alliance for Drug Education (CADE) in Fiscal Year 2000. CSAP has a mechanism in place for support of CADE and work has continued uninterrupted.

Significant Items for House, Senate, and Conference Appropriations Committee Reports

2000 Conference Report No. 106-479

Item: Effectiveness of a comprehensive mental health system-- Mental health services for children and adolescents could be strengthened by a comprehensive system that measures the quality and effectiveness of these services. The Center's Committee on Child and Adolescent Outcomes has supported the collaboration between Vanderbilt University and Australia in developing such an evaluation system in the United States. The Department is urged to continue this collaboration. (Page 609)

Action Taken or to be Taken

CMHS continues to support the collaboration between Vanderbilt University, Australia and others in developing outcome measures that examine the quality and effectiveness of mental health services for children and adolescents.

Item: Mental health services for school-age children -- . . .The conference agreement has doubled funding for mental health services for school-age children, as part of an effort to reduce school violence. It is intended that $80,000,000 be used for the support and delivery of school-based and school-related mental health services for school-age youth. It is intended that the Department will continue to collaborate its efforts with the Department of Education to develop a coordinated approach. (Page 609)

Action Taken or to be Taken

CMHS will continue and expand its program, in collaboration with the Department of Education, to support the delivery and improvement of mental health services in our nation's schools. This coordinated approach is enabling school districts to implement a wide range of early childhood development, early intervention and prevention, and mental health treatment services to assist in preventing violence among children.

Item: CSAT programs -- The conference agreement provides $214,566,000 for knowledge development and application instead of $136,613,000 as proposed by the House and $226,868,000 as proposed by the Senate. Within the total provided: $200,000 is for the Center Point Program in Marin County, California, for substance abuse and related services to high-risk individuals and families; and $1,000,000 is for the San Francisco Department of Public Health's treatment on Demand program. Within the total provided, sufficient funds are included to expand the residential treatment programs for pregnant and postpartum women. (Page 610).

Action Taken or to be Taken

CSAT is working with the Center Point Program to apply for funding under the Targeted Capacity Expansion Program. The San Francisco Department of Public Health's Treatment on Demand program will receive FY 2000 support for treatment services under the Targeted Capacity Expansion Program. The remaining funds will be devoted to evaluation efforts that are of interest to San Francisco around the issue of substance abuse. Finally, of the resources provided for residential treatment programs for women, CSAT will fund the single continuation award that remains. The remaining $4.4 million will be established as a subactivity under the Targeted Capacity Expansion Program for 5-6 new awards.

Item: Treatment for adolescent drug abusers -- Recent reports by NIH and the Institute of Medicine recommend expansion of effective treatment approaches for adolescent drug abusers. CSAT is to be commended for its work in developing and testing manuals for program interventions through the Cannabis Youth Treatment initiative. CSAT is encouraged to expand this initiative by examining the immediate and long-term outcomes across the developmental period when adolescents are at risk for peak drug use, and by taking steps to replicate and improve such treatment approaches. (Page 610).

Action Taken or to be Taken

In FY 1998, CSAT funded five grants under the Adolescent Treatment Models Program and another six awards were made in FY 1999. It is expected that all eleven programs will continue in FY 2000. This program is designed to identify treatment models for adolescents which have demonstrated cost effectiveness and highly successful client outcomes and replicate these models. These grants will result in manuals to guide implementation and replication of the most effective models, providing best practices to the field and enhancing the effectiveness of treatment for the nation's youth.

Item: Rock Island County Council on Addictions (RICCA) – Within the total provided... $350,000 is for the Rock Island County Council on Addiction's (RICCA) Healthy Youth Drug Prevention Program in Rock Island, Illinois. (Page 611).

Action Taken or to be Taken

CSAP is working with this organization to develop a program plan. Assuming that grant requirements are met, the program will be able to receive support in FY 2000.

Item: Gambling research -- The Senate recently heard testimony about pathological gambling disorders and the importance of additional federal research in this area as recommended by the National Gambling Impact Study Commission. The Center is urged to conduct demonstration projects to determine effective strategies and best practices for preventing and treating pathological gambling. (Page 611)

Action Taken or to be Taken

CMHS is planning a series of activities to examine effective strategies to address pathological gambling with a focus on the analysis of the prevalence and identification of such problems, the effectiveness of prevention and treatment strategies, and the implications for public education, policy making, and professional training.

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

	FY 2000 Amount Authorized	FY 2000 Appropriation	FY 2001 Amount Authorized	FY 2001 Estimate
Knowledge Development and Application:				
PHSA Section 501.....	Indefinite	$296,675,000	Indefinite	$282,156,000
Targeted Capacity Expansion:				
PHSA Section 501.....	Indefinite	$194,590,000	Indefinite	$278,368,000
High Risk Youth:				
PHSA Section 501.....	Indefinite	$7,000,000	Indefinite	$7,000,000
Mental Health:				
a. HIV/AIDS Demonstrations:				
PHSA Section 520 B (j).....	Expired	---	Expired	---
b. Clinical Training and AIDS Training:				
PHSA Section 303.....	Indefinite	---	Indefinite	---
Substance Abuse Prevention:				
a. High Risk Youth:				
PHSA Section 517 (h).....	Expired	---	Expired	---
b. Community Prevention:				
PHSA Section 516 (c).....	Expired	---	Expired	---
c. Public Education and Dissemination:				
PHSA Section 515 (c).....	Indefinite	---	Indefinite	---
d. Clinical Training:				
PHSA Section 515 (c).....	Indefinite	---	Indefinite	---
Substance Abuse Treatment:				
a. Residential Treatment Programs for Pregnant and Postpartum Women:				
PHSA Section 508 (r).....	Expired	---	Expired	---
b. Demonstration Projects of National Significance:				
PHSA Section 510 (e).....	Expired	---	Expired	---
d. Grants for SAT in Criminal Justice				
PHSA Section 511 (d).....	Expired	---	Expired	---
e. Training in Provision of Treatment				
PHSA 512 (d).....	Expired	---	Expired	---

Substance Abuse and Mental Health Services Administration
Authorizing Legislation
(continued)

	FY 2000 Amount Authorized	FY 2000 Appropriation	FY 2001 Amount Authorized	FY 2001 Estimate
Unfunded Substance Abuse Activities:				
a. Workplace & Small Business (Prevention): PHSA Section 518 (e).....	Expired	---	Expired	---
b. Outpatient Treatment Programs for Pregnant and Postpartum Women: PHSA Section 509 (a).....	Expired	---	Expired	---
Mental Health Services for Children: PHSA Section 565	Expired	$82,763,000	Expired	$86,763,000
Protection and Advocacy: P.L. 102-173, Section 117.....	Expired	24,903,000	Expired	25,903,000
PATH Formula (Homeless): PHSA Section 535 (a).....	Expired	30,883,000	Expired	35,883,000
Mental Health Block Grant: PHSA Section 1920 (a).....	Expired	356,000,000	Expired	416,000,000
Substance Abuse Block Grant: a. Block Grants for Prevention and Treatment of Substance Abuse: PHSA Section 1935 (a).....	Expired	1,600,000,000	Expired	1,631,000,000
Program Mangement: a. Program Management - PHSA Section 301; Section 501	Indefinite	57,554,000	Indefinite	58,443,000
b. SEH Workers' Comp. Fund - P.L. 98-621.....	Indefinite	1,500,000	Indefinite	1,500,000
Total, SAMHSA.....		**$2,651,868,000**		**$2,823,016,000**
Total Program Level.....		**$2,651,868,000**		**$2,823,016,000**
Total Appropriations Against definite authorizations.....		---		---

Substance Abuse and Mental Health Services Administration
Appropriations History

	Budget Estimate to Congress		House Allowance		Senate Allowance		Appropriation	
Alcohol, Drug Abuse, and Mental Health Administration								
1989	$1,504,413,000		$507,594,000	2/	$1,583,191,000		$1,562,712,000	
1989 Supplmntl	—		---		---		283,000,000	
1990	1,738,716,000		1,917,162,000		2,005,448,000		1,926,818,000	3/
1990 Sec 518 Red.	---		---		---		-1,135,000	
1990 (DOT Appr)	300,000,000		---		---		727,000,000	
1990 Sequester	---		---		---		-26,745,000	
1991	2,831,511,000	4/	2,825,891,000	3/5/	3,000,283,000	3/	2,966,898,000	3/
1991 Sec 514 Red.	---		---		---		-77,039,000	
1991 Sequester	---		---		---		-38,000	
1992	3,048,328,000	6/	2,917,742,000	6/	3,175,832,000		3,081,119,000	7/
1992 Sec 513, Sec 214 Red.	---		---		---		-8,389,000	
1993	3,241,159,000	8/	3,099,902,000	8/	n.a.		n.a.	
Substance Abuse and Mental Health Services Administration								
1993 9/	2,037,928,000	8/	1,942,417,000	8/	2,049,609,000	8/	2,023,524,000	10/
1993 Sec 216, 511, 513 Red.	---		---		---		-18,721,000	
1994	2,153,480,000	11/	2,057,167,000		2,119,205,000	12/	2,125,178,000	13/
1995	2,365,874,000	14/	2,166,148,000		2,164,179,000	15/	2,181,407,000	16/
1995 Red. P.L.103-333	---		---		---		-33,000	
1995 Red. P.L. 103-133	---		---		---		-44,000	
1995 Resc. P.L. 104-19	---		---		---		-662,000	
1996	2,244,392,000		1,788,946,000		1,800,469,000	17/	1,854,437,000	18/
1997	2,098,011,000		1,849,946,000		1,873,943,000		2,134,743,000	
1997 Red.P.L. 104-208	---		---		---		-362,001	
1997 Red. P.L. 104-208	---		---		---		-69,000	
1997 Advance Appro. P.L.104-121			---		---		+50,000,000	19/

Substance Abuse and Mental Health Services Administration
Appropriations History (Continued)

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1998	$2,155,943,000	$2,151,943,000	$2,126,643,000	$2,146,743,000
1998 Advance Appro. P.L. 104-121		---	---	+50,000,000 19/
1999	2,279,643,000	2,458,005,000	2,151,643,000	2,488,005,000
2000	2,626,505,000	2,413,731,000	2,750,700,000	2,654,953,000
2000P.L.106-11				-3,085,000 20/
2001	2,823,016,000			

FOOTNOTES:

2/ House did not consider the NIDA and NIAAA research, research training, and direct operation, demonstration programs, Protection and Advocacy, and Grants to States, as they lacked authorizing legislation.
3/ Excludes advance funding for Homeless.
4/ Includes $7,359,000 in 1991 Advance Funding for Homeless.
5/ House did not consider research training Community Support program; and mental health prevention demonstrations program as it lacked authorizing legislation.
6/ Excludes $31,000,000 proposed to be transferred from the Office of National Drug Control Policy (ONDCP) Special Forfeiture Fund.
7/ Excludes $19,000,000 transferred from the Special Forfeiture Fund.
8/ Excludes $34,701,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.
9/ FY 1993 Budget Estimate to Congress and House Allowance represent comparable funding levels based on the 1992 ADAMHA Reorganization Act as identified in Conference Report.
10/ Excludes $33,701,000 transferred from the ONDCP Special Forfeiture Fund.
11/ Includes $115,000,000 Presidential Investment.
12/ Excludes $35,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.
13/ Excludes $25,000,000 transferred from the ONDCP Special Forfeiture Fund.
14/ Excludes $45,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.
15/ Excludes $25,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.
16/ Excludes $14,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund. Reflects $44,000 in SLUC and $33,000 in performance awards reductions mandated by the appropriation bill and a rescission in the amount of $662,000.
17/ Includes $200,000,000 proposed transfer from the Safe and Drug Free Schools Act program of the Dept of Education for youth substance abuse prevention programs in schools and communities.
18/ A regular 1996 appropriation for this amount was not enacted.
19/ Advance appropriation P.L. 104-121 from Social Security Administration to Substance Abuse Block Grant.
20/ Reflects a recission mandated by P.L.106-113.

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
General Statement/Overview
(dollars in thousands)

	FY 1999 Actual	FY 2000 Pre-rescission Appropriation	FY 2000 Final Appropriation	FY 2001 Estimate	Increase/ Decrease
Knowledge Development and Application	**$289,307**	**$299,263**	**$296,675**	**$282,156**	**-$14,519**
Mental Health (Non-add)	*(96,419)*	*(138,982)*	*(136,875)*	*(136,875)*	*(—)*
SA Prevention (Non-add)	*(77,591)*	*(60,022)*	*(59,541)*	*(50,022)*	*(-9,519)*
SA Treatment (Non-add)	*(115,297)*	*(100,259)*	*(100,259)*	*(95,259)*	*(-5,000)*
Targeted Capacity Expansion	**133,307**	**194,590**	**194,590**	**278,368**	**+83,778**
Mental Health (Non-add)	*—*	*—*	*—*	*(30,000)*	*(+30,000)*
SA Prevention (Non-add)	*(78,218)*	*(80,283)*	*(80,283)*	*(85,207)*	*(+4,924)*
SA Treatment (Non-add)	*(55,089)*	*(114,307)*	*(114,307)*	*(163,161)*	*(+48,854)*
High Risk Youth	**6,991**	**7,000**	**7,000**	**7,000**	**—**
Children's Mental Health Services	**77,909**	**83,000**	**82,763**	**86,763**	**+4,000**
MH Protection & Advocacy	**22,949**	**25,000**	**24,903**	**25,903**	**+1,000**
PATH Homeless Formula Grants	**25,991**	**31,000**	**30,883**	**35,883**	**+5,000**
Mental Health Block Grant	**288,816**	**356,000**	**356,000**	**416,000**	**+60,000**
Substance Abuse Block Grant	**1,585,000**	**1,600,000**	**1,600,000**	**1,631,000**	**+31,000**
Program Management	**56,517**	**59,100**	**59,054**	**59,943**	**+889**
Total, SAMHSA	**$2,486,787**	**$2,654,953**	**$2,651,868**	**$2,823,016**	**+$171,148**
FTEs	561	614	614	614	---

AGENCY OVERVIEW

SAMHSA's fiscal year 2001 budget request is responsive to the Nation's recent attention to behavioral health concerns and their impact on service quality and availability. There is increasing recognition that mental health and substance abuse services should be available on the same basis as primary health care. The recently-released Surgeon General's Report on Mental Health calls attention to the many Americans unable to access high quality mental health care because of stigma, lack of insurance coverage, and lack of service availability There is also an increasing body of knowledge demonstrating that prevention programs, interventions and treatment are effective. The federal government must provide leadership in ensuring the availability, accessibility, and quality of behavioral health care services, in particular, age appropriate interventions for children and young adults. The time is right for the Nation to invest in high quality mental health and substance abuse services delivered as part of integrated, comprehensive systems.

The FY 2001 budget request of $2.8 billion is responsive to these and other national concerns. It reflects an increase of $171.1 million, or 6.5 percent, over the FY 2000 appropriation. SAMHSA's budget proposal approaches problems of service quality and accessibility in the context of systems of care, rather than in an isolated manner. Many of the initiatives involve both mental health and substance abuse; both

prevention and treatment; both health care and social service systems; or SAMHSA working closely with other federal agencies with relevant missions. Initiatives will integrate mental health and substance abuse into health and social service systems and fill gaps in the patchwork of programs which already exist. New initiatives have been selectively chosen to address SAMHSA's four GPRA goals:

- Goal 1. Assure service availability: Growth in the Block Grant and formula grant programs will work to improve local service systems, and to continue to make progress in closing nationwide service gaps.

- Goal 2. Meet unmet and emerging needs: Growth in Targeted Capacity Expansion programs will address new and emerging service issues, such as local mental health needs, the bicoastal increase in heroin abuse seen recently, and HIV/AIDS problems in minority and elderly populations; to meet community service needs of priority populations such as children and the homeless; and to continue to make progress in closing nationwide service gaps.

- Goal 3. Bridge the gap between knowledge and practice: New and highly relevant service information will continue to be developed in such areas as youth violence and prevention programming. Systems will be established to employ electronic communication methods permitting practitioners to select among proven prevention techniques, and to support community action in adopting practices they deem to be the best for their particular circumstances.

- Goal 4. Enhance data to inform policy, allocate resources, and ensure accountability: Sufficient resources will be devoted to national and program-specific data collection systems to indicate progress and identify where service system deficiencies exist, and to monitor treatment outcomes.

Prevention and early intervention of mental health and substance abuse problems among children and adolescents, revitalization of our local mental health systems, expanded availability of children's mental health services, targeted capacity expansion, school violence, and programs for high risk youth, are all initiatives which are designed to identify early at risk individuals and develop the interventions necessary to prevent serious addictive and mental disorders. For example, Americans have all been struck by recent instances of youth violence. Every school in this country is taking steps to try to prevent similar acts of violence in their own communities. There is no magic answer–there is no simple solution. The urgency of the issues that SAMHSA will address calls for dramatic change and a serious commitment to the issues of mental health prevention, substance abuse and our Nation's children. The FY 2001 request represents a careful consideration of where and how federal intervention will be most effective in improving service delivery systems.

UTILIZING BEST PRACTICE RESULTS

A key aspect of SAMHSA's mission is to provide national leadership in ensuring that knowledge based on sound science and best practices is used effectively in the provision of addictive and mental health services. The Agency has made substantial progress in this regard. The FY 2001 Justification highlights several recent and important accomplishments, and explains how knowledge developed about these best

practices is being translated into improved service delivery. As an example, knowledge about effective substance abuse prevention programs has reached the point where the Center for Substance Abuse Prevention (CSAP) now requires all High Risk Youth and State Incentive Grant projects to employ only prevention practices proven to be effective. They are identified through such communication mechanisms as the National Registry of Effective Prevention Programs, and the Prevention Decision Support System currently being developed. This represents a substantial advance in service programming over that of just a few years ago.

Accomplishments identified throughout the budget narrative focus on the knowledge development aspects of SAMHSA programs. However, the Agency has also made considerable progress in applying new and creative techniques in communicating information to the public. The ongoing Girl Power! Campaign represents an excellent example. Through a combination of community education kits, activity books developed with the Girl Scouts of the U.S.A., audiovisual material, and an interactive Website, SAMHSA has reached millions of 9-14 year old girls and their parents with effective prevention messages. The number of Website hits alone increased from about 170,000 in early 1998 to over 1.6 million last October. Feedback on the program has been exceptional; notable are receipt of an Aesculapius Award of Excellence and the American Library Association including this program in their list of 50 Great Websites. The combination of relevant knowledge development and highly effective knowledge application has resulted in improved behavioral health service quality throughout the Nation.

MAJOR MENTAL HEALTH SERVICE EXPANSION

Over the past 50 years, the mental health system in America has changed from institutional care to a community-based system of care. While there have been major advances in medicines and scientific knowledge about the human brain over this period, progress in the service delivery system has been mixed, and services in some communities are woefully inadequate. It is now time for a revitalization of the current mental health system. Our goal is to advance toward a mentally healthy America in the year 2010, where children will be valued, nurtured and protected; adults will have a productive workplace, strong families and healthy lifestyles; and elders will be secure, supported and respected. The increase requested for mental health for FY 2001 is $100 million, an increase of nearly 16 percent over the FY 2000 appropriation. Mental health increases have been accorded the highest priority for expansion in FY 2001.

The last time the federal government highlighted the mental health needs of the country was during the late 1970's, when nationwide implementation of the Community Mental Health Systems Act was a major goal of the federal government. Since then progress in establishing systems of community mental health care and establishing key linkages with primary health care and other systems has been uneven at best. As a result of increasingly limited resources, public service systems have focused on treatment of adults with serious mental illnesses; health care insurance coverage has declined. There has been little emphasis on prevention and early intervention services for the population as a whole, and insufficient emphasis on health services for at risk populations, including the homeless. The variety of providers and multiple funding sources has resulted in patched together “systems” leaving huge gaps in mental health care.

Yet mental health problems have not abated over the years. According to the Surgeon General’s report,

only about half the individuals with mental illness currently receive any treatment. Mentally ill children, older adults, those with co-occurring substance abuse, and those without health insurance often receive little or no care. Stigma remains a serious and difficult issue. Yet federal investments in research and Knowledge Development and Application (KDA) studies are continually finding more effective ways to prevent serious problems and provide more effective community-based services. SAMHSA's challenge is to ensure that this knowledge finds its way into our communities.

Reinvigorating the mental health service system nationwide is the centerpiece of SAMHSA's FY 2001 budget request. The proposal includes the initiation of a new Mental Health Targeted Capacity Expansion (TCE) program focused on the gaps and deficiencies in the present system of care. In its broader context, the Initiative also includes continuing the program begun in 1999 to combat youth violence; reducing racial and ethnic disparities in the provision of mental health services; and expanding State systems of community-based care.

The new Center for Mental Health Services (CMHS) Targeted Capacity Expansion program, proposed to be established at the $30 million level, will consist of two major elements:

- Expanding local prevention and early intervention services. The intention is to integrate these services throughout the community, in educational, employment, primary care, justice, and similar settings, with a particular emphasis on children at a young age. "Systems" needs to be created where now they are weak or non-existent.

- Addressing gaps in community mental health care. The causes may vary, but it is clear that significant gaps persist in the provision of mental health treatment. They may be racial, gender, socioeconomic, or geographic in nature, or affect specific populations such as children, homeless, or the elderly. As in the substance abuse Targeted Capacity Expansion programs, the goal will be to identify serious system deficiencies and fill these gaps with proven effective, culturally appropriate systems of care. Federal support will be time-limited in nature but structured to ensure long-term viability. TCE sites will put in place quality and measurement systems not only to assess achievement of this program's goals, but to demonstrate how effective use of these concepts ultimately improves client outcomes.

Even when well-coordinated, a community-based approach such as this is not in itself sufficient to revitalize and reinvigorate all aspects of mental health service delivery in the public sector. State-run service programs, services for the homeless, and children's service programs are critical to developing a "no wrong door" approach for those needing services. Increases being proposed in other CMHS programs will expand mental health care coverage throughout all the States, and in the many communities not reached through the new Targeted Capacity Expansion program.

Deserving of note in this regard is continuation of $78 million in funding for the Youth Violence Prevention program jointly supported with the Departments of Education and Justice. Early identification of youth at risk for developing severe emotional problems and increasing the availability of appropriate prevention and intervention services for them within a community setting is a good example of pressing community mental

health needs. CMHS' program efforts will be well coordinated on a national as well as State level to ensure they are working together to achieve the desired results.

ADDRESSING GAPS IN SUBSTANCE ABUSE SERVICES

Momentum must also be continued in FY 2001 to reduce substance abuse problems in the Nation, both through effective prevention and through expanded treatment. The request proposes a total substance abuse budget of $2 billion in FY 2001. Approximately 16,000 more individuals will be treated with SAMHSA resources, for a total of approximately 414,000 persons that will be provided substance abuse treatment services.

Growth in the Center for Substance Abuse Treatment (CSAT) Targeted Capacity Expansion program (+$48.8 million) will focus on vulnerable populations which include minority communities, the homeless, women, individuals with dual diagnosis, and youth. As part of a "Strengthening Communities" initiative, an effective range of services will be targeted to certain geographic areas, including rural areas, small towns, and metropolitan areas experiencing particularly acute substance abuse problems. Appropriate linkages will be made with Empowerment Zones. The program will continue to be responsive to emerging drug trends, notably those identified in State-level data which will be available from the National Household Survey on Drug Abuse. Programs in all areas will be based on sound, scientifically-based evidence of effectiveness.

An increase of $31 million, or about 2 percent, is requested for the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The Block Grant continues to serve as SAMHSA's primary mechanism for supporting public prevention and treatment programs throughout the Nation. These resources will help States maintain service capacity while continuing work to target services effectively and develop data systems to report on service outcomes. Block Grant set-aside funds are also employed to help States manage these resources effectively.

While attention has in the past been focused on drug treatment gaps, serious gaps exist in the provision of prevention services as well. A balanced community health system must include a commitment of funds to strengthen prevention and health promotion programs proven to be effective in reducing the prevalence of substance abuse, especially among children and youth. The CSAP State Incentive Grant program has shown great promise in closing these gaps through a systems approach to service availability. An additional $5 million is requested to ensure that most States have received an Incentive Grant award by FY 2001. The program will be restructured in order to be well positioned to address State needs identified in the 1999 Household Survey results available later this year.

The expansion of the Household Survey will in fact become an extremely important indicator of regional substance abuse prevalence in FY 2000. The 1999 Survey is for the first time beginning to collect State-level data on substance abuse, including tobacco use. The Household Survey results comprise the most important indicator of the extent of substance abuse available in the country. Moreover, it is the best predictor of future trends. The first report of State-level data from 1999 will become available in the fall of 2000.

In direct support of SAMHSA's service initiatives are two new activities, a Prevention Decision Support System (PDSS) and a National Treatment Outcome Monitoring System (NTOMS). The CSAP PDSS system will, through Internet linkages, provide prevention practitioners with immediate access to prevention information and best practices. This sophisticated system will help them select scientifically sound prevention approaches which fit their local needs. Preliminary work will continue on this system in FY 2001. The CSAT NTOMS system will be designed as a sample-based network to provide continual feedback information on drug treatment outcomes, and to identify program-level determinants of changes. These systems are indicative of SAMHSA's continuing commitment to developing more sophisticated systems of information collection, analysis and utilization. No data system currently funded by any entity provides this type of capacity which is essential to support the goals of the National Drug Control Strategy.

REACHING VULNERABLE POPULATIONS AND REDUCING STIGMA

In addition to the larger initiatives, the FY 2001 request includes several new activities focusing on issues of concern to both the mental health and substance abuse fields. They will not be addressed in isolation, but rather, projects in these areas will also be linked to the major service initiatives. Three are highlighted briefly below.

- Reducing Racial and Ethnic Disparities ($5 million):

  The budget request will support the identification of new ways to improve the quality of and access to mental health care among ethnic minority populations. The effort is part of the newly proposed TCE program for mental health and will include a rigorous evaluation of quality of care as it affects treatment outcomes for these populations.

- The Homeless Population (+$5 million): Another priority indicated by mental health and substance abuse professionals is the expansion of community support services to individuals who are homeless or at risk of homelessness, including homeless families in the PATH program. The FY 2001 request increases the PATH program by over 16 percent, providing mental health and ancillary services for about 6,000 more clients. Two-thirds of the clients served through this program also have a co-occurring substance abuse disorder.

- Recovery Community Support/Anti-Stigma ($4 million):

  The FY 2001 request continues the effort to increase public understanding about consumers of substance abuse treatment services. This KDA program promotes family support groups and other recovery organizations, facilitates the transition from treatment, and improves public perception about individuals in recovery.

Rarely are these or other SAMHSA initiatives undertaken outside the context of other services systems, be they emergency response, child welfare, or educational in nature. In all of its service initiatives, SAMHSA will leverage external resources to ensure a maximum commitment of resources at minimal cost to the Agency.

To effectively manage these programs and the incredibly diverse range of issues which confront the Agency, two critical resources are necessary: accurate and timely data, and sufficient management resources. Much of SAMHSA's data collection effort is program-specific, and is budgeted as an integral part of the program requests previously described. National data serves a variety of purposes, as indicated by SAMHSA's recently announced Substance Abuse Treatment Facility Locator. This internet-based service provides people seeking help, family doctors, substance abuse counselors, and others with the locations, phone numbers, service array, and road maps to the nearest treatment facilities. Information for the locator derives from SAMHSA's annual Uniform Facility Data Set survey.

The FY 2001 budget requests a total staffing level of approximately 614 FTEs through the addition of $0.9 million for increased pay costs. Some relief from SAMHSA's acute staffing shortage was provided in the 2000 appropriation. Additional staff have been deployed to communicate best practices; provide hands-on technical assistance; address policy issues ranging from patient confidentiality to drug testing to parity in health care coverage; coordinate activities with numerous other federal agencies; and remain sufficiently abreast of trends and policy changes to assure continued federal leadership in the field.

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